

Registration District No. 122

Primary Registration District No. 5455

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community All of his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank J O'Neal

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 4th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 6 28 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farmer

12. Name W.W.O. Neal

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Martha Pisto

15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis O, Neal

(b) Address Republic Mo. R.F.D. 1

17. (a) Burial (b) Date thereof June 4th 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wade Chapel

18. (a), Signature of funeral director R.E. Thurman

(b) Address Republic Mo.

19. (a) June 4, 1947 (b) Florence Brittain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Republic R.F.D. 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1947 hour 5 minute 45 M.

21. I hereby certify that I attended the deceased from Monday
a less for the last 48 hrs. to _____, 19____;
that I last saw him alive on May 1, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death valvular disease of
The heart

Due to Natural causes

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? X (Specify type of place) _____
(e) Means of injury _____

23. Signature E.O. Neal (M. D. or other) _____

Address Republic Mo Date signed 6/3/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 47-6-63

Date Filed 6-16-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed RE Thurman

Licensed Embalmer No. 503

P. O. Address Republic Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.